

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          |          |        |          |
| RESPONSE FORMALITY REVIEW | A-M      | JC 580 | 05-22-01 |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ..... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Date     |
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| Claim | Date     |
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| Claim | Date     |
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If more than 150 claims or 10 actions  
staple additional sheet here

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